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MATERNAL CHILD HEALTH NEWSLETTER

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES ★ Health.Mo.Gov ★ VOLUME 1 ★ ISSUE 3

MCH Director Communiqué

What if you had to tell someone about who you are, but you were not allowed to include information about anything that has happened to you in the past? You were only allowed to talk about what you are doing and thinking today. It would probably be difficult to say very much about yourself because eventually you would want to bring up something from your past experience that has shaped you as a person. Life Course Theory, rooted in social determinants of health and health equity, offers a rich and layered understanding of how health develops over a lifetime and across generations. It is an organizing framework for HRSA's Maternal Child Health Bureau (MCHB) strategic planning and a foundational concept of the Title V MCH Block Grant. The Life Course Perspective recognizes the linkages between experiences in childhood, adolescence and later adulthood and offers a new way of looking at health, not as disconnected stages unrelated to each other, but as an integrated continuum. It suggests that there is a "complex interplay" of social and environmental factors mixed with biological, behavioral and psychological issues that help to define health outcomes across the course of a person's life. In this perspective, each life stage exerts influence on the next stage, social, economic and physical environments have influence throughout the life course, and all these factors impact individual and community health.

The AMCHP Life Course Indicators Project was designed to provide a standardized set of indicators to MCH programs engaged in planning and evaluation projects designed within a life course framework. The 55 life course indicators include a broad swath of topics such as oral health, breastfeeding, bullying, unemployment, household food insecurity, mental health, smoking and alcohol use among adolescents, and homelessness and can be explored by Category, Data Source or Domain through the [Life Course Indicators Online Tool](#).

The Life Course Perspective provides a framework to address the broad range of factors that impact health and well-being and to significantly improve the health and well-being of mothers, children and families. By translating the Life Course Perspective into innovative practices, programs and policies, we can take significant strides towards optimizing health across the lifespan and eliminating health disparities across populations and communities. MCH programs should assess how a life course approach can be incorporated into existing programs to broaden their focus, and, potentially, their impact on health disparities and health outcomes.

Martha J. Smith, MSN, RN

Missouri MCH/Title V Director

Together building a maternal-child public health system that addresses the needs of Missouri's mothers, infants, children, adolescents and families, including children and youth with special health care needs.

MCH Director Communiqué	1
Program Highlights	2
Legislative Updates	2
Program Spotlight	3

News of Note	5
Save the Date	8
MCH Resources and Tools	10

PROGRAM HIGHLIGHTS

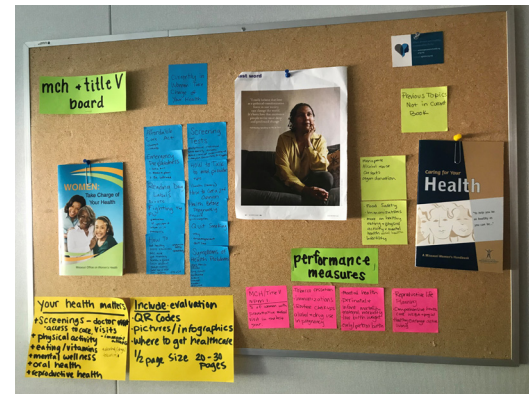
MCH Stakeholder Survey

Thank you for taking the time to complete the MCH Stakeholder survey. Your participation is important to us. Your feedback and recommendations will help strengthen the strategies and activities to address the priority needs identified as part of the FFY 2021-2025 Title V MCH state action plan. Additionally, your responses will also help us identify emerging needs of the MCH population. Thank you once again for your kind cooperation.

Title V Performance Measure Visual

Sarah Erhard Reid, Chief of the Office on Women's Health (OWH), shared the process she uses to align the goals of OWH programs with the Title V MCH priority needs.

"When I started my role as a manager in OWH, I knew there were initiatives funded by several grants, including Title V. As part of my onboarding, I began reviewing the different performance measures for Title V. I'm a very visual person and I like to see how pieces fit together, so I decided to put the different performance measures on a board. It's a normal bulletin board with each performance measures on a separate post-it note. I've used it when I was identifying areas to update in our printed materials, to understand how our different grants complement one another in our MCH work, and for annual budget requests and reporting. I know not everyone is a visual person or has space for an extra board, but it has helped me stay focused on the goals of Title V and feel more connected to Title V as a group."



Legislative Updates

The Missouri 2022 legislative session ended on May 13. Of the 2,301 bills filed by the members of the Missouri General Assembly, 69 were Truly Agreed To and Finally Passed (TAFP) and sent to Gov. Parson's desk. Out of the 69 TAFP bills, four were vetoed by the governor. Below is a list of MCH-related TAFP bills and budget items passed during this session and signed by the governor.

- A bill that will direct the Missouri Department of Corrections to establish a nursery within a women's correctional facility by July 2025 was passed as an amendment to [SB683](#).
- [Bill SB681](#) will require schools to test their drinking water for lead and install filters if lead concentrations exceed five parts per billion.
- \$1 million in funding for schools to purchase period products was included in [HB 3002](#). This should be enough funds to provide products for all menstruating students in grades 6 to 12 for one year.
- The following line items were added to the state budget:
 - o \$500,000 for the Cora Faith Walker Doula Training Program.
 - o \$250,000 for prenatal care in Kansas City.
 - o \$530,000 for Maternal and Perinatal Health to fund a Perinatal Quality Collaborative, invest in tobacco cessation for pregnant mothers at the local level, and pay for maternal death associated autopsies.
- o \$500,000 to establish a contract with a statewide non-profit to provide navigation services for breast cancer screening and treatment.
- o Almost \$4 million in general revenue to implement the Justice for Survivors Telehealth Network that was established by law in 2020.
- o \$200,000 for an awareness campaign to empower women regarding their sexual health.
- o \$2.3 million in one-time American Rescue Plan Act of 2021 ("ARPA") funds appropriated for local public health agencies to offset other declines in funding for local health.
- o Two new decision liems (NDIs) for water fluoridation in the Office of Dental Health, one for PHHS block grant funds for community water fluoridation and another for a pilot program using innovative new technology to help smaller communities fluoridate their water.

For more information regarding the 2022 legislative session, you can visit the [House and Senate Bill Tracking](#) and [Missouri Foundation for Health](#) webpages.

Bureau of Special Health Care Needs Family Partnership Program

Q. What does the Family Partnership Program do?

1. What is the role of the Family Partnership program and where are the Family Partners located?

Family Partnership strives to enhance the lives of individuals and families impacted by special health care needs by providing resources and information to empower families to live a good life.

There are four Family Partners serving four regions of the state: Northwest, Northeast, Southwest and Southeast. There are also two Family Partners, who provide statewide coverage, specializing in services for individuals who are deaf and hard of hearing. To see a list of Family Partners and their contact information, click on the [Regional Map](#).

2. What is the purpose of the Family Partnership Program?

The primary purpose of Family Partners is to reassure families that they are not alone on their journey. Each Family Partner is a parent of a child or youth with special health care needs and is therefore well equipped to help parents/caregivers explore options and solutions in the following topic areas:

- Daily Life: What your family members do as part of everyday life: school, employment, volunteering, communication routines and life skills.
- Social and Spirituality: Building friendships and relationships, leisure activities, personal networks and faith community.
- Community Living: Housing and living options, community access, transportation, and home adaptations.

- Advocacy and Self-Determination: Developing advocacy skills, transition planning for the future, and fostering independence and interdependence.
- Healthy Living: Managing health care and staying well: medical needs, exercise, therapy services, locating physicians and specialists, mental health, behavioral health and medical home.
- Safety and Security: Emergency planning, well-being, community support, guardianship options and legal concerns.
- Services and Supports: Using an array of integrated supports to achieve a good life, including mentor programs.



3. Whom do you partner with to implement Family Partnership initiatives and improve the health of the CSHCN population?

Some examples of partnerships include the: Newborn Hearing Screening Program, Early Hearing Detection and Intervention Program, Missouri Parent Advisory Council, Association of Maternal & Child Health Programs, Heartland Genetics, Child and Adolescent School Health Council, Pediatric Palliative Care and Hospice Parent Advisory Task Force, Title V Maternal Child Health Block Grant, Health Resources and Services Administration, Hands and Voices, St. Louis Resource and Respite Coalition, and various other state agencies that support special health care needs participants and their families.

4. How do you support CSHCN and their families?
We help families find resources that pertain to their family's specific needs, educate them on advocacy and let them know that they are not alone on their journey.

5. What is the Family Partnership program currently working on, and/or what do you hope to accomplish in the next year?

We are currently working on the draft and implementation of our five year plan, including but not limited to: medical home education, annual caregiver retreats, virtual Family Partnership trainings, continuation of finding useful resources to support our families in their specific regions, outreach to spread information about our program, newsletters and working with newly enrolled families. We are also partnering with the Newborn Hearing Screening Program to create and implement a deaf and hard of hearing adult mentor program.

6. Where can we find more information about Family Partnership?

More information and resources can be found on the Family Partnership [webpage](#). If you would like to be added to the Family Partnership listserve, email FamilyPartnership@health.mo.gov.

Please share some highlights of the great work that Family Partnership has accomplished in the past year.

Some of the highlights are that Family Partnership have been able to stay connected to the families in regions throughout the COVID-19 pandemic. Everyone has had to shift and maneuver due to Covid-19 and we feel that our families did the best they could with the resources they were presented with. The Family Partners were available via email and phone. This seemed to calm parents as they just needed reassurance that social support and resources were available when needed. A highlight of the deaf and hard of hearing Family Partner was beginning discussions with the Latina community on how best to serve them. They discussed how to honor their culture while still helping Latina families navigate resources and support systems.

Family Partnership Success Stories



Lydia Sergeant, deaf and hard of hearing - statewide coverage - A success story of mine was a family that contacted me after moving to Missouri from another state. The out of state program referred the family to Family Partnership. I was able to connect the family to the CYSHCN coordinator and other resources for the deaf and hard of hearing.



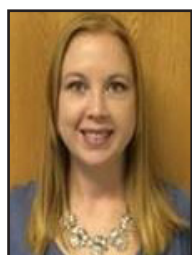
Pat Fox, Northeast Family Partnership - The Northeast Family Partner had a teenager who had suffered a traumatic brain injury from a gunshot wound. After recovery he returned to high school with an Individualized Education Program (IEP). He became frustrated as they would not let him return to the technical college where he had been attending school before the brain injury. His goal was to get his diploma and become an auto mechanic. The participant wanted to attend technical college but he did not have the funds. I suggested that he work with the Special School District in his county to request support for re-enrolling so that he could get certified in auto repair. I walked the family through writing an IEP to get the education plan in place. Now, he will not only stay in school until he is 21 but he will also graduate with a high school diploma and certificate in auto repair.



Karese Love, Northwest Family Partnership - A family I helped had recently moved to the Kansas City area. Their jobs and insurance had changed. The mother was flustered as she could not find the specialized formula due to product shortage and delivery issues. I was able to help the family acquire specialized formula through Children's Mercy Healthcare.



Camelia Callahan, Southwest Family Partnership - I was able to offer resources and support to a mom who gave birth to a child born with the same skin disease as my daughter. I helped her navigate care for her child's condition by guiding her through the insurance and Supplemental Security Income (SSI) process and connecting her to hospital resources and the Dystrophic Epidermolysis Bullosa Research America (DEBRA) international, a national patient advocacy organization that supports Epidermolysis Bullosa patients and their families. Unfortunately, the baby only lived for one month. I offered the mom grief support and checked in on the siblings. I still contact the mom from time to time to check in on her.



Sheree Pursley, Southeast Family Partnership - My greatest success story of my career was last year. I was contacted by a mom who couldn't find a tracheostomy tube for her son who was on full life support. She had tried everything she could think of and had reached the point where she would have to leave her son at the hospital. Due to Covid-19 supply shortages of tracheostomy tubes, ties and gauze, she had zero supplies at home to care for her son. I was able to find and get her in contact with a company that met all of her needs and she got the tracheostomy tubes in about 24 hours. She called me back crying tears of joy for my compassion and assistance. I will never forget that positive success story for the rest of my life. We are Family Partners to help others because we understand the complications of daily life. When you are able to assist a family through a challenge, it's such a wonderful feeling to know your journey makes a positive difference in the lives of others.

NEWS OF NOTE

National Infant Formula Shortage

As the nationwide infant formula shortage continues to affect millions of families across the country, state health officials and pediatricians urge Missourians to speak with their pediatricians and know the dos and don'ts of infant formula use. Missouri is one of the six states, along with Iowa, South Dakota, North Dakota, Texas and Tennessee that are hit hardest by the nationwide formula shortage. More than half of infant formula was sold out. The ongoing formula shortage has been compounded by the Abbott product recalls and inflation. The Biden-Harris administration has mobilized efforts to increase production and improve supply chain by working closely with Abbott Nutrition to get its shuttered plant reopened. The



administration has also worked to increase imports from Ireland, Chile, Australia, New Zealand, the United Kingdom and the Netherlands. Through the Operation Fly Formula, approximately 19 million 8-ounce bottles of formula have been imported into the U.S. Biden also invoked the Defense Production Act (DPA) to make it easier for manufacturers to acquire ingredients to produce formula. Another strategy involved the U.S. Department of Agriculture (USDA) working with states to make it easier for families to purchase formula using their Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits. For more details on how the White House is responding to the infant formula shortage, you can visit the [White House website](#).

Socioeconomically vulnerable families are the most impacted by this crisis because Abbott Nutrition is the main supplier of commercial milk formula to low-income families through state benefit programs such as WIC. About [half of infant formula](#) nationwide is purchased by participants using WIC benefits; therefore, this shortage poses a direct threat to the health and survival of these most nutritionally vulnerable infants. Locally, the St. Louis Integrated Health Network (IHN) is leading a community-wide collaborative effort to address the formula shortage and provide immediate solutions to local families. The [Feed the Babies](#) project will utilize a three-pronged approach that will involve: 1) increasing breastfeeding support for birthing people and families of newborns, 2) mass purchasing and distributing Pasteurized Donor Human Milk (PDHM) for infants 0-6 months in cases where breastfeeding is not an option, 3) and providing nutrition support and counseling for families of 6-12 month-old infants. DHSS is collaborating with the [Feed the Babies](#) project to support their efforts in the St. Louis region and explore the possibility of expanding the project to other regions in Missouri, as well as developing a statewide plan to address both short- and long-term formula and food access issues for vulnerable infants and young children.

Maternal Health Survey

Participants are needed to help researchers better understand what women or persons of childbearing age living in Missouri think about pregnancy and childbirth. This survey is aimed at assessing opinions and knowledge on the causes of death for pregnant women. The study is recruiting women over 18 who live in Missouri. The study procedures include completion of a brief survey that can be completed in English or Spanish. The survey is completed electronically and should only take about 15 minutes to complete. The survey can be accessed at [here](#). Results from the study may be used to develop programs and tools that will help pregnant persons in Missouri. For direct questions, please contact Dr. Karen Florio at kflorio@saintlukeskc.org.

Missouri 988 Suicide and Crisis Lifeline

According to Provisional data from the [National Center for Health Statistics](#), there were 14,797 suicide-related deaths in the US for people 10-34 years old in 2021. For 2020, the overall rate of suicide in Missouri for all ages was 18.3 per 100,000 compared to 13.9 per 100,000 nationally. According to the 2020 Missouri Vital Statistics data, suicide was the eleventh cause of death for all ages and the third cause of death among adolescents 10-19 years old. The top three causes of injury-related deaths among Missourians 10 to 19 years old in 2020 were: 1) motor vehicle accidents, 2) homicide and 3) suicide. As such, suicide remains a public health issue of great significance in Missouri.

On July 16, 2022, Missouri joined the rest of the U.S. in using the 988 dialing code. 988 will be the new three-digit number for call (multiple languages), text or chat (English only) that connects people to the trained counselors that are part of the existing National Suicide Prevention Lifeline, where compassionate, accessible care and support are available for anyone experiencing mental health distress. The chat feature will be available through the [Lifeline's website](#). People can use 988 if they are having thoughts of suicide, a mental health or substance use crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.



1-833-9-HELP4MOMS-Maternal Mental Health Hotline

The U.S. Health and Human Services Department's Health Resources and Services Administration (HRSA) announced the launch of the Maternal Mental Health Hotline, a new, confidential, toll-free hotline for expecting and new moms experiencing mental health challenges. The hotline provides 24/7, free, confidential support before, during and after pregnancy. Those who contact the hotline can receive a range of support, including brief interventions from trained counselors who are culturally and trauma-informed, as well as referrals to both community-based and telehealth providers as needed. Hotline counselors include the following MCH professionals: licensed health care providers such as nurses or doctors, licensed mental health clinicians, certified doulas or childbirth educators and certified peer support specialists. Hotline services can be accessed via call or text. Promotional materials for the hotline can be accessed on the [HRSA webpage](#).

American Academy of Pediatrics Updates Safe Sleep Guidelines

Every year, approximately [3,500 babies](#) in the U.S. die suddenly and unexpectedly while they're sleeping. Usually, these tragic deaths are due to sudden infant death syndrome (SIDS) or accidental deaths from suffocation or strangulation. While the causes of SIDS are largely unknown, we do know what causes unintentional suffocation and strangulation in bed. Creating a safe sleep environment can help reduce an infant's risk of SIDS. The American Academy of Pediatrics (AAP) has recently updated its safe sleep guidelines. Highlights from the updated recommendations include the following:

- Placing babies on their backs to sleep for naps and at night.
- Using a sleep surface for baby that is firm and flat (like a mattress in a safety-approved crib), level (not at an angle or inclined), and covered only with a fitted sheet.
- Sharing your room with baby by giving them their own sleep space (crib, bassinet or portable play yard) near your bed, for at least the first 6 months.
- Keeping things out of baby's sleep area—no soft objects, toys or loose items. Feeding human milk, such as by breastfeeding.
- Keeping baby's head and face uncovered during sleep.

You can read the full [Policy Statement](#) for all the updated recommendations, including those related to pacifiers, bed sharing, substance use, home cardiorespiratory monitors and tummy time.



Covid-19 Vaccine for Children under 5 Years

The Centers for Disease Control and Prevention (CDC) and the US Federal Drug Administration (FDA) have expanded vaccine eligibility for children between 6 months to 5 years. This means that approximately 20 million children younger than 5 can now be vaccinated against Covid-19. Children ages 6 months to 4 years are authorized for a primary series of three doses of Pfizer and children ages 6 months through 5 years are eligible for two doses of Moderna.

For a list of Covid-19 pediatric vaccine providers in Missouri, please see the following [link](#). While parents and caregivers may be eager to

vaccinate their children, they may also have questions regarding the vaccine. Please see the MCH resources and tools section for a list of resources on what parents and caregivers need to know about the Covid-19 vaccine.

According to a recent [CDC analysis](#) of death certificate data (March 1, 2020-April 30, 2022) from the NCHS, Covid-19 was the fifth leading cause of death for children ages 1-4 years and the fourth leading cause of death for children under one year of age. With hospitalization rates slowly increasing for children [0-4 years](#), it is imperative that children are vaccinated against Covid-19. The vaccine has been shown to not only be safe but also effective in preventing [multisystem inflammatory syndrome](#) and hospitalizations due to severe illness. The AAP recommends Covid-19 vaccination for all infants, children, and adolescents 6 months of age and older who do not have contraindications to receiving a Covid-19 vaccine authorized or approved for use for their age group.

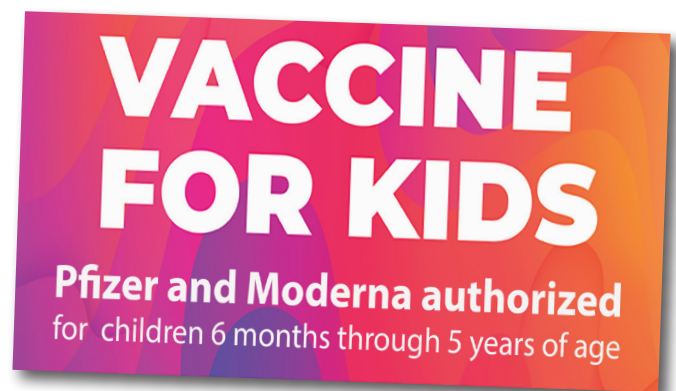
Maternal Health Multi-Sector Action Network

It is important to incorporate the lived experiences of mothers of young children affected by substance use and mental health challenges into the environmental scan of the Missouri Maternal Health Multi-Sector Action Network. To accomplish this, the University of Missouri-Kansas City's Institute for Human Development (UMKC-IHD) will conduct focus groups or "mapping sessions" to better understand the facilitators and barriers to accessing high-quality and equitable services for mothers affected by substance use and mental health disorders. Understanding the lived experiences of mothers with substance use and mental health disorders, and front-line clinical and social service professionals who work with women with substance use and mental health disorders before, during and/or after pregnancy will help guide the development of future services and support systems available to address maternal substance use and mental health. This will help improve health outcomes for mothers and their children.

The study is part of a collaboration with the Title V MCH Block Grant at DHSS. The UMKC-IHD is looking to recruit TWO groups of individuals for focus groups:

- Mothers of young children affected by substance use throughout the state of Missouri (participants will receive a \$30 gas card as a thank you). Participants can access the following link to receive more information about the study.
- Service providers or individuals who work at organizations/agencies that provide support/services to mothers of young children affected by substance use and mental health disorders. Service providers can access the following [link](#) to receive more information about the study.

The study will involve a one-time focus group. The focus groups will take about an hour and completing survey forms will take about 15 minutes. If you have any questions or concerns about the study, you can also reach out to the Principal Investigator, Dr. Danielle Chiang at chiangd@umkc.edu.



SAVE THE DATE

2022 Tri-Regional Maternal Health Conference: Community-Led Interventions in the Mississippi River Delta

August 9-10, 2022

In Person (Dallas, TX 75202) and Virtual Conference

The Office of the Assistant Secretary for Health (OASH) Regions 4, 6 and 7 invites you for a two-day conference to convene partners who influence birth outcomes, i.e., doctors, nurses, midwives, doulas, peer educators, community members and state/local public health workers, to identify actions to address persistent inequities in maternal health to reduce maternal mortality for racial and ethnic minority women residing in the Mississippi River Delta Region.

This conference aims to: 1) Address the harmful effects of implicit bias and structural racism related to maternal and birthing outcomes, 2) Promote the adoption and implementation of Culturally and Linguistically Appropriate Services (CLAS) as a critical element to improve maternal health care, 3) Identify community-led prevention strategies and interventions to improve maternal and birthing outcomes, and 4) Develop multilateral partnerships to increase utilization of culturally competent interventions to improve maternal and birthing outcomes. Participants can attend the event either [in-person](#) or [virtually](#).

PRISM Virtual Learning Session

Wednesday, August 17th, 2022 3:00 – 4:00 PM ET
Zoom

Making the Call for MCH: Exploring the Maternal Mental Health Hotline and the 988 Crisis Lifeline. Please join AMCHP & ASTHO for this virtual learning session as part of the PRISM learning community! This national webinar will explore the National Maternal Mental Health Hotline, the 988 Suicide Prevention Crisis Lifeline, and opportunities for public health agencies to partner to promote their success and support MCH populations' mental health and wellbeing. Register [here](#).

Black Breastfeeding and Birth Justice Summit

August 25-27, 2022

New Orleans Marriott Warehouse Arts District

Reaching Our Sisters Everywhere (ROSE) and Reaching Our Brothers Everywhere (ROBE) are ecstatic to announce their Annual Breastfeeding and Equity Summit is returning to in-person for 2022! The Summit will be held in New Orleans from August 25 - 27, 2022. Presentations will center on equity in breastfeeding, maternal health, fathers and partners, and infant health initiatives. Continuing education credits available. Learn more about the event [here](#).

Systems for Action: Aligning Health and Social Systems to Expand Evidence-Based Home-Visiting

August 31, 2022 12pm ET

Zoom

This study tests the effectiveness of multi-sector financing and delivery strategies in expanding the reach and impact of the Nurse-Family Partnership (NFP) program across the U.S. Despite rigorous evidence of its ability to improve health and social outcomes for low-income pregnant women and their children, the NFP home visiting program currently reaches only a small proportion of the communities and families who could benefit from it. The study will use national, longitudinal data on NFP sites across the US to estimate how alternative forms of multi-sector community collaboration influence program implementation and outcomes, including comparisons between healthcare-financed sites and social service-financed sites.

Researchers at the University of Colorado are collaborating with the NFP National Service Office, Illuminate Colorado, and Children's Hospital Colorado to conduct the study. Findings will inform the development of case studies of high-performing NFP sites and best practice models that community stakeholders can use to enhance NFP implementation and financing. Registration details can be found [here](#).

2022 Maternal Health Conference and Training Institute (BMHC22)

September 17-18, 2022

In person (The Renaissance Hotel and Conference Center, Washington, D.C.) and virtually

For BMHC22, the Black Mamas Matter Alliance, Inc. (BMMA) will be continuing with the annual theme established during the 5th Anniversary of the [Black Maternal Health Week](#) campaign, ***“Building for Liberation: Centering Black Mamas, Black Families and Black Systems of Care.”*** Founded and led by the Black Mamas Matter Alliance (BMMA), the Black Maternal Health Conference and Training Institute™ (BMHC22) is the premiere assembly for Black women, clinicians, professionals, advocates and other stakeholders working to improve maternal health using the birth justice, reproductive justice and human rights frameworks. This year’s conference will be hybrid (virtual and in-person) and will offer a national space for learning, rich discussions and mobilization to transform Black Maternal Health, rights, and justice. We need a place to be in community together, to vision and dream, and to celebrate each other.

BMHC22 is targeted to care providers, researchers, advocates, public health professionals, and Black Mamas who are working to advance maternal, birth, and reproductive justice, and those who are interested in learning more about how to work towards health equity using the reproductive justice and birth justice frameworks. You can learn more and register for the conference [here](#).

2022 Maternal and Infant Health Convening

September 27-28, 2022

DoubleTree By Hilton Hotel St. Louis, Westport

Every year, Missouri’s community partners gather in one place to make real-world change and build connections to better serve women and infants. The annual Maternal and Infant Health Convening is a core part of The Uplift Connection’s purpose to serve as a hub, convene thought leaders, build awareness of regional and local efforts, and connect maternal and infant stakeholders and work across the state. Visit [Uplift Connection](#) for more information.

2022 Mom and Baby Acton Network

October 24-25, 2022

In-person (Atlanta, GA) and Virtual

Join the Mom and Baby Action Network for its Igniting Impact Together: Birthing Equitable Communities Summit. The 2022 Mom and Baby Action Network Summit will be a multi-track, hybrid conference (in-person and virtual) held at the Omni Atlanta Hotel in Atlanta, GA on October 24-25, 2022.

The Summit will bring together existing and prospective Mom and Baby Action Network members, community partners, philanthropists and March of Dimes mission staff to learn, celebrate, be inspired and take action to advance equity in maternal and infant health. The event will include interactive learning experiences, workshops, networking and skill-building opportunities in addition to presentations, panels and an evening poster session.

The objectives of the summit are to: 1) amplify best practices to develop, implement and evaluate maternal and infant health programs, policy and advocacy 2) Disseminate solutions from the five strategies of the [National Equity Framework](#) to accelerate equity in maternal and infant health, 3) Cultivate a network of stakeholders collaborating toward Alignment, Action, Community Leadership and Shared Power to achieve measurable results, and 4) Nurture a safe and respectful gathering space to inspire collective action centering community members with lived experience. Click [here](#) to learn more about the summit.



Maternal
Child
Health

Checkout our previous [newsletters!](#)

MCH RESOURCES AND TOOLS

Maternal Health Equity

- Report: Eliminating Racial Disparities in Maternal and Infant Mortality A Comprehensive Policy Blueprint, [Center for American Progress](#).
- Webinar: Reviewing Policies for Equity Impact: A Tool to Support Equitable Maternal Health Outcomes, [Maternal Health Learning and Innovation Center](#).
- Report: From Pregnancy to Policy: Experiences of Birthing People in the US, [Association of American Medical Colleges \(AAMC\) Center for Health Justice](#).
- Virtual convening: AAMC Center for Health Justice: Maternal Health Incubator, [AAMC](#).
- Report: White House Blueprint for Addressing the Maternal Health Crisis, [White House](#).
- Learning series: Social Justice Leadership Academy (SJLA), [The National Council on Mental Wellbeing](#).

Maternal Mental Health and Substance Use

- Podcast: The Role of Doulas in Supporting Women with Substance Use Disorders, [AMCHP](#).
- Report: Building A Successful Program for Medi-Cal Coverage For Doula Care: Findings From A Survey of Doulas in California, [National Health Law Program](#).
- Learning Series: Health Equity in the Response to Drug Overdose Training, [National Association of County and City Health Officials](#).
- Infographic: Supporting Pregnant and Postpartum Women with Opioid Use Disorder: An Infographic Series, [Association of State and Territorial Health Officials](#).

Covid-19 Vaccine

- Covid-19 Vaccine: What Parents Need to Know: [Johns Hopkins Medicine](#).
- Covid-19 Vaccines in Infants, Children and Adolescent: [American Academy of Pediatrics](#).
- Covid-19 Vaccines for Kids Under 5: What Parents Need To Know: [Yale Medicine](#).
- Covid-19 Vaccines for Children and Teens: [CDC](#).

AMCHP: MCH Bridges

You can listen to new episodes of the MCH Bridges Podcast:

- [Episode 4](#): Preparing for the Unexpected: Lessons from MCH Emergency Preparedness & Response Efforts.
- [Episode 5](#): Rest is Infinite: Shifting Our Mindsets on Rest & Productivity.
- [Episode 6](#): The Kids Are Not Okay: Climate Change, Environmental Injustice, and What MCH & Youth Advocates Can Do.

Postpartum Toolkit for Providers

- Optimal clinical support in the early days, weeks, and months after childbirth is important for the health and well-being of new parents and their baby. The 4th Trimester Project supports clinical and system change to improve care for moms and the care experience for providers. In the For Providers section of their [postpartum care website](#), you will find resources and tools to support your team in caring for women in their postpartum recovery and journey to motherhood.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

Title V Maternal Child Health Block Grant
Division of Community and Public Health
P.O. Box 570 • Jefferson City, MO 65102

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You received this message because you are identified as a maternal child health stakeholder. This newsletter is produced quarterly by the MCH/Title V team at the Department of Health and Senior Services. Email Nina.nganga@health.mo.gov to request inclusion of your event, resource or update in our eNewsletter.

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